Maine EMS Awards Nomination Form

Nominee's Name:		Phone Number		
Address:				
Nominee's Service Affil	iation (if any):		Years of Service to the EMS Community in Maine	
Nominee's Job Title:				
Nominator's Name:				
Address:				
City:	State:	Zip:	Telephone #:	
Please provide a d	escription of the nom	inee's qualificati	ions (your reason for nominating them)	

Please feel free to enclose a letter describing the nominee's qualifications and attributes in detail. All nominations must be received by the Maine EMS Board Awards Committee no later than March 15, 2013 at:

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Please provide 2 additional references who can attest to the qualifications of the nominee				
Name:		Name:		
Address:		Address:		
City:		City:		
State:	Zip:	State:	Zip:	
Telephone #:		Telephone #:		

Please feel free to enclose a letter describing the nominee's qualifications and attributes in detail. All nominations must be received by the Maine EMS Board Awards Committee no later than March 15, 2013 at: